

BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714

Phone: (775) 684-5705 Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada Committee for Political Action (PAC)

Registration Form

NEVADA SECRETARY OF STATE

2016 JAN 15 PD 2 55

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#2509

ABOVE SPACE IS FOR OFFICE USE ONLY PAC (Advocating Passage or Defeat of a Ballot Question) **New Registration** Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b)) Amended Registration: Change Officers Change Registered Agent Change Address check all that apply Change Name Previous Name of PAC Other: Name of Committee: Telephone: Alliance to Stop Taxes on the Sick and Dying 775.287.7113 Mailing Address: 2600 Mill Street, Suite 600 Reno 89502 Street Name, Number City State Zip Code PAC Active Email Address: dbbsar@icloud.com PURPOSE: Briefly state the purpose for which the PAC was organized. To support petitions that exempt certain prescribed medical equipment from taxation. REGISTERED AGENT: pursuant to NRS 294A,240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14,020, who must be a natural person who resides in the State of Nevada. Name of Registered Agent: Telephone: Joshua J. Hicks 775.324.4100 Physical Address: 5371 Kietzke Lane Reno NV 89511 Street Name, Number Zip Code City State REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Pelitical Action. Date: Signature of Registered Agent



EL400 Revised: 11-5-15

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State of Nevada **Committee for Political Action** (PAC)

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OFFICERS: List the name, title, address necessary).	s and telephone number of ea	nch officer (attach additional pages if
Officer Name and Title:		Tolombono
Doug Bennett		Telephone: 775.287.7113
Mailing Address:		//3.28/./113
2600 Mill Street, Suite 600 Street Name, Number	Reno City	NV 89502 State Zip Code
Officer Name and Title:	O.A.,	Telephone:
		i elephone.
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title;	•	Telephone:
		releptione.
Mailing Address:		
Street Name, Number		
	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
AFFILIATIONS: If the PAC is affiliated of each organization (please attach additional action)	with any other organizations, li	st the name, address and telephone numbe
Name of Organization:	1 0	Telephone:
Bennett Medical Services		775.287.7113
Mailing Address:		,,5.207.7115
2600 Mill Street, Suite 600	Reno	NV 89502
Street Name, Number	City	State Zip Code
Name of Organization:		Telephone:
Mailing Address:		
Street Name, Number	City	Clata 71. 0
Name of Organization:	J.,	State Zip Code
_		Telephone:
Mailing Address:		
Street Name, Number		
	City	State Zip Code
SUBMITTED BY:	-	
Y VANA RESIDENT	- Printed Name:	Date: Telephone:
Signature of Representative of Group	Doug Bennett	1-12-16 775.287.7113